

2024 SPONSORSHIP COMMITMENT FORM



Sponsorship Level _____

Sponsorship Amount _____

Sponsorship/Donor Information

Company or Individual Name (As it should appear in recognition)

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Preferred Method of Contact: Phone Email

Email: _____

Facebook Page: _____

Payment Method

Visit ltccfoundation.org to pay online with a credit card. Additional fees apply to online payments.

Send invoice to the attention of _____

Check enclosed (Please make payable to the LTCC Foundation)

Credit Card Visa Mastercard Discover Add 2.2% credit card fee

TOTAL: \$ _____

Name on Card _____

Billing Address (If different from mailing address)

City _____ State _____ Zip _____

Credit Card # _____ Exp. Date _____ CVV# _____

I can't commit to a sponsorship at this time. Please accept my donation as listed above



Please return this form to:
Lake Tahoe Community College Foundation
One College Drive
South Lake Tahoe, CA 96150
Harrison@ltcc.edu
P: (530) 541-4660 ext. 245

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**Visit ltccfoundation.org
for event details.**